

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588379

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
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41		/		/		
42		/		/		
43		/		/		
44		/		/		
45		//		2		
46		//				
47		//				
48		//				
49		//				
50		//				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52		0				
53		0				
54		0				
55		0				
56		0				
57		0				
58	/	0	/			
59		0		/		
60		0		/		
61		0		2		
62	/		/			
63		/		/		
64		/		/		
65		0		2		
66		/		/		
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96						
97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		56	←		←
TOTAL CLAIMS			60			